Response to NHS Chief Executive’s Open Call for Evidence and Ideas

Respondent ID: 224

Organisation name: AstraZeneca

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Sir Ian Carruthers OBE  
Chief Executive, NHS South West  
c/o NHS Chief Executive Innovation Review Team  
Department of Health  
Room 2N16  
Quarry House  
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2 September 2011

Dear Sir Ian,

INNOVATION IN THE NHS  
Call for Evidence

Many thanks for your letter regarding the Call for Evidence to inform the Review by Sir David Nicholson on how the adoption and diffusion of innovations can be accelerated across the NHS. You will be aware of the ABPI’s response; however, we would like to highlight a number of key areas which are of particular interest to AstraZeneca.

AstraZeneca is very supportive of the Review. Although progress was made under the various workstreams of the Office of Life Sciences a few years ago, all parties would probably agree that least progress was made in establishing the NHS as a Champion of Innovation, and it is to be hoped that this initiative will represent an opportunity to deliver tangible progress on that aim. To that end we appreciated the focus on promoting innovation and quality at the annual Healthcare Innovation Expo, which we were delighted to support.

As an innovation driven company, we believe that new therapies and treatments should drive ongoing redefinition of the best patient care. It follows that by fostering innovation the NHS can become a global pioneer in new approaches to treatment, with patients seeing the benefits.

The new outcomes focused approach of the NHS provides a significant opportunity to align the innovative capabilities of our industry with the priorities as set out in the NHS Constitution and in the Outcomes Framework.

There are two key measures that AstraZeneca believes can make a tangible difference to the industry’s contribution to improving patient outcomes:

1. Strengthening NICE Guidance/Guidelines, to maximise the benefits derived by patients from innovations. We believe that the detailed changes proposed by the ABPI would address the issue of low relative uptake of medicines, cited in their response.
In order to be effective it is important that Quality Standards and Guidelines are regularly updated to reflect new NICE Guidance.

Our understanding is that these will then be enforced centrally through the NHS Commissioning Board, utilising a form of performance incentives that have clearly worked in effecting change in clinical practice elsewhere in the NHS. We believe that this would achieve the aims of both Government and industry, whilst delivering value for money and improved patient outcomes.

2. Scaling up joint working with the industry so that we can help find innovative solutions to intractable issues such as co-morbidities and Long Term Conditions: again, this could be achieved through the Commissioning Outcomes Framework or through the existing CQUIN mechanism. It would be incentivised through financial rewards for achieving improved patient outcomes by innovative means. The sharing of best practice in this area should be the responsibility of the National Commissioning Board and its regional and local offices.

It is also important of course that the proposals on Value Based Pricing support, rather than undermine, the objectives you, the NHS and the Government are trying to realise in this review.

We are keen to work with the Government to ensure that innovative medicines are available to patients and to suitably reward the innovator with realistic pricing strategies that support the costs of development. This is an essential component of the Growth Review more generally, and the interrelationship between the market for medicines and the incentive to undertake R+D in a given location should be recognised.

We should also consider opportunities to maximise the effectiveness of existing fora for Industry/Governmental cooperation, such as the MISG, which I am delighted to Co-Chair with the Secretary of State.

We are happy to work with you on these ideas and to contribute our expertise to this ongoing process.

Yours sincerely

David R. Brennan